Lebanon Clyman Mutual Ins Co — Homeowner Application

PO Box 86 Lebanon WI 53047 Phone 920-925-3755 Fax 920-925-3409

General Information

Select one	**Application Type**	__ **New Bound Application**	__ **Non-Bound Application**	__ **Quote Only**
Select one	**Usage**	__ **Primary**	__ **Seasonal**	__ **Non Owner Occupied**
Select one	**Form Type**	__ **Select Homeowners** __**2 or** __**3** __ **Mobile Homeowner** __**2 or** __**3**	__ **Homeowners** __**2 or** __**3** __ **Standard Home** __**1 or** __**2**	__ **Tenant Homeowner** __ **Standard Mobile Home**

Applicant Name and Address

_____

_____

_____

Agency Information

Agency Name_____

Agency Number_____

Phone _____ **SS#**_____/_____/_____ **Contact Person** (if different than above) _____

Policy Information

Policy Effective Date _____/_____/_____ **at 12:01 AM**

Deductible __$250 __$500 __$1,000 __$_____

Policy Term/Method of Premium Payments
__ 3 Months – Pay Quarterly
__ 6 Months – Pay Semi-Annually
__ 12 Months – Pay Annually
****$100 Minimum Installment****

Fire Class Information

Fire Class _____ Responding Fire Department _____ Distance _____ miles
__ Fire Hydrant within 1,000 ft __ Other Sources of Water - Describe _____

Property Type (per Type Guide)

__Type 1 __Type 2 (DO NOT BIND)

Property Coverages

Coverage	Description/Size	Coverage	Premium
A Residence			

	Base Premium	=
Other Credits (Owner occupied only)	__ New Home (0-10 yrs) 15%* __ New Home (11 – 15 yrs) 10%* __ Mobilehome New Home Credit (1 –5 Yrs) 10%* __ 1st Auto Companion 10%* * Not available on Standard Policies	

Adjusted Base Premium = **1.**

Other Coverages

	For Coverage B – List all other Structures to be insured 10% of Coverage A is included*.	**Included Amount**	**Additional Amount**	
B Garage/ Shed (Detached)	10% of Coverage A is Included* * Optional on Standard Policies. None Included			
B Garage/ Shed (Detached)				
B Garage/Shed (Detached)				
C Contents	50% of Coverage A is included* Replacement Cost on Contents Included* * Optional on standard Policies. None included			
D Additional Living Expense	20% of Coverage A is included* * Optional on Standard Policies. None Included			**Included**

Other Coverages Premium **2.**

Policy Number	Amount Received with Application

Premium			Property Options
Y	N		
☐	☐	_____	**5.2 Swimming Pool** – Indicate Amount Desired In Excess of Automatic $500 limit $_____ – Premium $15/1,000
☐	☐	_____	**5.4 Replacement on Contents** – if optional
☐	☐	_____	**5.5 Refrigerated Food at $500** – (Included on Select & Homeowners) – **$10 Flat**
☐	☐	_____	**5.6 Backup of Sewer and Water.** Limit $_____ – **Premium $30/1,000 – Maximum Limit $5,000**
☐	☐	_____	**5.7 Satellite Dish (Large) and related equipment.** Indicate Amount Desired $_____ – **Premium $20/1,000**
☐	☐	_____	**5.8 Fire Department Service Charge** – Indicate Amount Desired In Excess of $500 Base. $_____ **$20/1,000**
☐	☐	_____	**5.9 Wood Heat Surcharge** – Complete Wood Heat Supplement
☐	☐	_____	**5.10 Modified Replacement Cost** __70%-79% (10% of prem)__60%-69% (30%of prem)__50%-59% (50%of prem)
☐	☐	_____	**5.11 Dwelling Under Construction** – Collapse and Theft
☐	☐	_____	**5.12 Inland Marine** (Complete Inland Marine Section on Page 3)
☐	☐	_____	**5.13 Inflation Guard – $4 Flat**
☐	☐	_____	**5.14 Replacement Cost on Well Pump.** Limit $_____ – **Premium $20/1,000**
☐	☐	_____	**5.15 Tree Removal @ $250** – (Included on Preferred) – **$5 Flat**
☐	☐	_____	**5.16 Scheduled Property in Storage** – Provide Information in Remarks Section. Limit $_____
			Other Property Options – (See Agent Manual for Complete List of Options)
☐	☐	_____	_____
			_____
			_____
3.			**Total Property Options Premium**

Premium			Liability Coverages
Y	N		
☐	☐	_____	**6.1 Liability Limit** _____ **$1,000,000** ☐ **$500,000** ☐ **$300,000** ☐ **$100,000** ☐ **$50,000**
			Medical Payment Limit ☐ **$1,000** ☐ **Other Limit** _____ See rate page for additional premium
☐	☐	_____	**6.2 4-Wheeler, Snowmobile 500cc and Smaller** – Complete Schedule on Page 3
☐	☐	_____	**6.2 Jet Ski, Water Bikes, Snowmobiles over 500cc** – Complete Schedule on Page 3
☐	☐	_____	**6.3 Dwelling Rented to Others** x 1 Family x 2 Family Address_____
☐	☐	_____	**6.4 Seasonal Residence** – Address_____
☐	☐	_____	**6.5 Horse** – Indicate Number Owned and Boarded_____
☐	☐	_____	**6.6 Outboard Motors over 50 Hp & Over** – Indicate Horsepower of Engine _____
☐	☐	_____	**6.7 Trampoline**
☐	☐	_____	**6.8 Personal Injury**
☐	☐	_____	**6.9 Care Provided for Others** – Maximum allowed is three. Number cared for_____
☐		_____	**Other Liability Options** – (See Agent Manual for Complete list of Options)
			_____
			_____
			_____
			Total Liability Premium
4.			

Rating Summary

1. _____ **Adjusted Base Premium**

2. _____ **Additional Coverage Premium**

3. _____ **Total Property Options Premium**

4. _____ **Total Liability Premium**

5. _____ **Total Policy Premium**

Additional Policy Information

5.12 Inland Marine – See Inland Marine Section of Manual for Acceptability and Rates and Appraisal Requirements

Deductible	Article	Description, including Serial Number, Make, Model, H.P., etc.	Amount of Insurance	Premium

6.2 Recreational Vehicle Liability

☐ Additional Units/Items – See Attached List

Year _____ Make _____ Model _____

Size Engine _____CC Serial # _____

Year _____ Make _____ Model _____

Size Engine _____CC Serial # _____

Other Information and Remarks_____

_____

Location of Insured Residence

Address_____

Sec_____ Tn_____ Range_____ Township_____ County_____

Driving Instructions if Rural_____

_____

Additional Locations: ☐ Seasonal ☐ Rental x_____

_____

_____

_____

Mortgage/Lienholder Information

M = Mortgagee
L = Loss Payee
LCH = Land Contract Holder

☐ **Send Billing to Mortgagee**

M	L	LCH	Name and Address	Indicate Secured Property
☐	☐	☐	_____	_____
☐	☐	☐	_____	_____

Underwriting

Property	Age	General Condition	Roof Age	# of Layers	Heat Type	Housekeeping	Updating and Remodeling
Residence							☐ Attached – Detailed Description of Remodeling &/or Updates
Other Structure							_____
Other Structure							_____

Estimated market value of the home. $_____ Purchase price if purchased in last 3 years. $_____

Wiring – ☐ Old ☐ Some Updates ☐ New Breaker Box and Circuits within last 15 years Size of AMP service ☐ 200 ☐ 100 ☐ 60 *

Heat – ☐ Oil ☐Gas ☐ Wood Heat – **Must Complete Wood Heat Supplement** *** No Binding**

Underwriting (Continued)

Y	N	
☐		Included are two photos of home and each outbuilding to be insured – front and rear. Must be sent in with application.
☐	☐	Does the home have the proper number of smoke alarms and are they in working order?
☐	☐	Is there any business conducted on the premises? If yes, explain_____
☐	☐	Is there a swimming pool on the premises? If yes, is it fenced in?_____
☐	☐	Does the applicant have surge protection? If yes, please indicate ☐ Full Home Surge Protection at Main Breaker Box ☐ Surge Protection on Computer – Electric & Modem ☐ Surge Protection on all TV's over 27"

Other comments and remarks_____

_____

Statements of the applicant:
(The answers to the following will be the basis for which Lebanon Clyman Mutual Insurance Company relies upon to issue the insurance applied for.)

All Questions Must be Answered

☐ Yes ☐ No Any losses or pending claims incurred, paid, and/or denied within the last three years? If yes give amount and description of each loss:

_____

_____

☐ Yes ☐ No Previous Insurance. If no, explain. If yes, name(s) of carriers – Minimum five-year history._____

Company_____ Yr _____ to Yr _____ Company_____ Yr _____ to Yr _____

Company_____ Yr _____ to Yr _____ Company_____ Yr _____ to Yr _____

☐ Yes ☐ No The applicant has authorized the above named insurance carrier(s) to release loss and claim history to Lebanon Clyman Mutual Insurance Company.

Applicant Signature_____ Date_____

If Yes to any of the following, do not bind. Please review complete list of binding restrictions in manual

☐ Yes ☐ No Has any of the property to be insured been without insurance coverage within the last 30 days?
☐ Yes ☐ No Has the applicant been informed that any insurance on the property is or will be cancelled, non-renewed, or rejected by any insurance company?
☐ Yes ☐ No Has the applicant, or anyone in their household, sustained any fire or theft loss in the last five years at their present or prior location?
☐ Yes ☐ No Is the property currently, or likely to be, vacant, unoccupied, or for sale in the near future?
☐ Yes ☐ No Is the applicant currently seeking bankruptcy protection or in default of property taxes?
☐ Yes ☐ No Does the property have any un-repaired wind, hail, fire, or other damages?
☐ Yes ☐ No Does applicant, or anyone in their household, own or care for a Rottweiler, Doberman, Pit Bull, Chow Chow, German Shepherd, Huskie, Alaskan Malamute, Great Dane, St. Bernard, Akita, or any vicious dog or animal or any other exotic pet?
☐ Yes ☐ No Does applicant, or anyone in their household own, or care for, any dog that has previously caused injury or property damage?
☐ Yes ☐ No Has the applicant sustained any water and/or mold losses, or have they been informed they have a mold problem?

CAUTION: READ CAREFULLY BEFORE SIGNING

I have read the above questions and I hereby declare to the best of my knowledge and belief that all of the statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. I understand that Lebanon Clyman Insurance may inspect my property. The inspection of any resulting advice or report does not warrant that the property or operations are safe or are in compliance with any law, rule or regulation.

In order to underwrite the insurance applied for above I understand that Lebanon Clyman Insurance may request a consumer report and may investigate information as to the character of the applicant for insurance and the persons to be insured under the policy applied for, their general reputation, personal characteristics, mode of living, and credit standing. I understand that I may make a request within a reasonable time after receipt of this notice for Lebanon Clyman Insurance Company of the nature and scope of the investigation.

UNDERTAKING TO PAY PREMIUMS AND ASSESSMENTS

I, _____ of _____ in consideration of insurance on my buildings and personal property, insured to myself, my heirs and assigns by the Lebanon Clyman Mutual Insurance Company, bind myself, and to the extend of their interest in the property of my heirs and assigns, to pay to the company the premiums for such insurance and, within the period of time stated in the notice of assessment, my share of all legal assessments, if any, levied by the company, together with all legal costs and charges incurred in legal proceedings to collect any assessment levied upon me and statutory penalties for non-insurance, both personal and real, shall be liable for that share, waiving all exemptions.

Applicants Signature_____ Date_____

I, as agent, have seen the above property and recommend it. ☐Yes ☐ No

This applicant had similar insurance with our agency through another company ☐ Yes ☐ No If yes, number of years_____

Agent Signature_____ Date_____